

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155199		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/19/2012	
NAME OF PROVIDER OR SUPPLIER MAPLE PARK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 776 N UNION ST WESTFIELD, IN 46074			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for Investigation of Complaint IN00110845.</p> <p>Complaint IN00110845 - Substantiated, No Federal/State findings cited.</p> <p>Dates of survey: July 18 and 19, 2012</p> <p>Facility number: 000106 Provider number: 155199 AIM number: 100266390</p> <p>Survey team: Vanda Phelps, RN</p> <p>Census bed type: 7 SNF 85 SNF/NF 92 Total</p> <p>Census payor type: 10 Medicare 72 Medicaid 10 Other 92 Total</p> <p>Sample: 3</p> <p>Maple Park Village was found to be in compliance with 42CFR Part 483, Subpart B and 410 IAC in regard to</p>		F0000	<p>August 3, 2012</p> <p>Dear Kim Rhoades,</p> <p>Please find the attached plan of corrections for the Complaint Survey # IN00110845 performed on July 18 and 19, 2012. The provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review, in lieu of a post survey revisit.</p> <p>Sincerely,</p> <p>Zach Krumwied, HFA Executive Director Maple Park Village</p> <p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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	complaint #IN00110845. Quality review 7/20/12 by Suzanne Williams, RN						